

New SPOEs SICC Presentation
March 11, 2005

	St. Louis County SPOE	Northwest SPOE	Greater St. Louis SPOE
<u>RICC</u>			
Position Types	3 public school reps 2 parents 3 social service reps 3 provider reps 3 members at large reps 2 ad hoc reps	Positions have not been determined at this time.	The council membership is complete, with one member of the medical community to be finalized. Other stakeholders from the community also attend the meetings. 3 public school reps 5 parents 2 medical reps 3 DMH DOHSS members 3 FS providers 1 member from SB 40 Board staff 2 members from Early Head Start.
# of Individuals	16 Members currently	20 voting members 03 ad hoc members	
Dates of meetings	January 10, 2005 February 15, 2005 March 14, 2005 April 11, 2005	October 6, 2004 February 1, 2005 April 19, 2005 is scheduled to occur	Three (3) meetings to date (one each in December, January, and February) to get the council formed and functioning. Future meetings will occur every other month at noon for 2 hours, with work between meetings done by sub-committees focused on child find, provider recruitment, and resource development. The last meeting of the council was focused on First Steps program funding advocacy.
Strengths / Challenges	<u>Strengths</u> - Good support throughout the county from providers and families. Very committed membership to the First Steps philosophy and maintaining the structure of the First Steps system. Public awareness has risen considerably since we began in July 04.	<u>Strengths</u> - The variety of people and expertise they bring to the committee. The entire region is represented and each member is supportive of the First Steps program and SPOE. <u>Challenges</u> - The large region that is represented, finding a time that is	<u>Strengths</u> - Diversity of membership, pro-active members, commitment of membership, sharing of resources, and networking. <u>Challenges</u> - Finding meeting times that were good for families, as well as others in the working community.

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	Challenges - Child find activities in relation to “court ordered” referrals. Child care issues for parents on committee.	convenient for all to meet, and not knowing what to expect regarding the First Steps program in the future. Participants were somewhat hesitant at our last meeting to make any definite decisions regarding future projects for the RICC without knowing what the future held for our SPOE in the next fiscal year.	
Peer Review			
# of Peer Reviewers	43 total 6 developmental therapist 8 occupational therapists 9 physical therapists 19 speech therapists 1 ABA	13 peer reviewers	7 physical therapists 5 occupational therapists 7 speech therapists 7 special instructors (developmental therapists)
Activities	<ul style="list-style-type: none"> • Evaluations for eligibility • Evaluations for on-going assessments/services • IFSP participation for determination of on-going services and/or assistance with team concerns. 	<p>Peer Review members are involved in a variety of activities which include:</p> <ul style="list-style-type: none"> • Evaluation and assessment • Consultation for assistive technology equipment • Consultation regarding changes in services. <p>In the future, we also would like to utilize their expertise in trainings for service coordinators and service providers.</p>	<ul style="list-style-type: none"> • Expansion of team • Provider education in peer review • Recruitment/screening/interviewing of applicants • Training • On-going guidance
Strengths / Challenges	<p>Strengths - More consistency in determining eligibility and knowing what to expect from a report in terms documenting developmental delays. An increase in better written reports as the peer review team grows and becomes more confident.</p> <p>Challenges - Some on-going providers are resistant to accepting guidance from the family service coordinators and the</p>	<p>Strengths - Individual expertise in a variety of areas, their understanding of First Steps philosophy, and their ability to provide quality evaluations. Most of the peer reviewers have been in the First Steps system for several years and are able to help identify needs that each family might have.</p> <p>Challenge - The large region that needs to be covered. It has been difficult to</p>	<p>Strengths - Being available for IFSP teams to use as resources when there are divergent opinions on the team regarding best practice or need for alternative strategies for meeting outcomes has been great. Consultation enables parents to have an independent, qualified opinion in regard to the level of their child’s abilities (a second opinion, sometimes). Enabled a training source for not only family service coordinators, but the peer review team and other stakeholders, as</p>

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	peer review members in regard to establishing frequency and intensity of services.	find peer reviewers to travel to the northern rural areas and it is very time consuming for those on the team. Reimbursement for the time that is needed to do an appropriate evaluation in the rural areas of northern Missouri does not compensate for the services being provided.	well. We are launching our first training this month “PECS 101: Awareness and Usage.” <u>Challenges</u> - Finding providers who are practicing First Steps philosophy, willing, <u>and</u> supportive of the peer review requirement was a challenge at times. It is much better now. It is always challenging to have enough providers in First Steps and the balance in using providers for peer review and for on-going is no different.
<u>Service Coordinators</u>			
Strengths / Challenges	<p><u>Strengths</u> - Well organized at handling intake and on-going duties of service coordination. IFSPs are consistently in line with the First Steps philosophy. Family service coordinators (FSCs) are dedicated to promoting the family building capacity model. FSCs are knowledgeable and experienced in the field of developmental delay and/or early intervention.</p> <p><u>Challenges</u> - Upholding the First Steps philosophy and educating providers and families on the benefits of the family building capacity model.</p> <p>Ensuring that the SPOE continues to remain up to date and consistent on the policies set forth by DESE with regard to compensatory services, assistive technology, and provider services.</p>	<p><u>Strengths</u> - The service coordinators that are employed by the SPOE are very aware of what is expected in regards to their job performance. This helps to insure quality services are being performed and timelines are being met. Communication with these coordinators is excellent and they work together well as a team when additional support or advice is needed.</p> <p><u>Challenges</u> - Might be the long distance to drive on occasion due to the large territory that is covered in the Northwest area.</p>	<p><u>Strengths</u> –</p> <ul style="list-style-type: none"> • Customer service/consistency of service coordination in region • Promoting First Steps philosophy and beliefs • Stability of staffing • Work performance accountability • Increased compliance with state and federal regulations • Family service coordinators (FSC) doing both intake and on-going facilitates continuity of service for families, and involving DMH early in the process when there is going to be a transition to them for on-going service, also facilitates continuity. <p><u>Challenges</u> – None</p>

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	Not able to search the First Steps matrix website by individual provider name.		
<u>Providers</u>			
Strengths / Challenges	<p><u>Strengths</u> - A wide variety of providers with varying degrees of backgrounds and experience which reflects St. Louis County's diverse population.</p> <p>Majority of the providers have embraced the peer review process and are accepting to working with the SPOE to meet this contractual agreement.</p> <p><u>Challenges</u> - Providers who have demonstrated a complete lack of respect with regards to the SPOEs position in the community in relation to providing information to EI providers, as well as families in the community.</p> <p>Providers who are more interested in self promotion and possibility for profit, than promoting the actual First Steps program and its philosophy.</p>	<p><u>Strengths</u> - There are a large variety of service providers to choose from in the Clay/Platte/Ray areas who have a wide range of expertise.</p> <p><u>Challenges</u> - There are not very many choices in the more northern areas and caseloads are often full. It has also been a challenge to get individual providers to attend informational meetings regarding the changes in our area and for some to embrace the First Steps philosophy.</p>	<p><u>Strengths</u> - Family choice of providers whether with an agency or with an independent is on-going.</p> <p>With only a couple of exceptions, providers embraced the terms of the new grant. This enabled a free-flow exchange of information between the SPOE & provider. Most agency directors worked with their providers to understand the changes in the grant and be supportive of them. Independent providers have participated in the peer review team and training that has been offered, as well as agencies, and provided strength for the region.</p> <p>Positive feedback from providers on service coordination.</p> <p><u>Challenges</u> - Stability: At this point, providers in our service delivery area need opportunities to stabilize with the changes that have been made in First Steps. There have been so many changes as the program strengthened and as things were tried in our region. Now time is needed to grow and enhance the new pieces of the redesign.</p>
<u>DMH Coordination</u>			
Current Activities	Continue to have quarterly joint SPOE/DMH family service coordinator meetings to discuss changes, trends,	On-going service coordination	There is on-going sharing of training opportunities between DMH and SPOE. Exchanging knowledge from training

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	<p>concerns, policies, etc.</p> <p>SPOE director and DMH supervisor continue to meet monthly to ensure positive communication between both offices.</p>		<p>participation is also done through sharing tip sheets and conversation.</p> <p>DMH and SPOE participated jointly in panel discussion/training for local social service agency's conference on transitions.</p>
Strengths / Challenges	<p><u>Strengths</u> - Experience and knowledge in providing on-going service coordination services to children with developmental delay.</p> <p><u>Challenges</u> - Concerns with understanding and implementing the First Steps philosophy.</p>	<p><u>Strengths</u> - Some DMH service coordinators are very knowledgeable about additional resources that might be available for families and children outside of the First Steps system. Often they have been service coordinators for many years and are well connected to their communities. Communication with the First Steps contact person at both regional centers has been positive.</p> <p><u>Challenges</u> - Multiple. Although service coordinator meetings are held on a monthly basis, DMH service coordinators may or may not attend. If they choose not to attend, they miss very valuable information regarding expectations with their First Steps caseloads. Receiving appropriate documentation in regard to IFSPs, notice of actions, meeting notifications, etc.... is very difficult with some DMH coordinators. Timelines are often not met in regard to reviews and transition meetings and the SPOE has no direct authority over these coordinators.</p>	<p><u>Strengths</u> - Assignment of children to DMH has been smooth. Maintaining the 60/40% split is an on-going activity for SPOE administrator to balance, but has worked out well. Both DMH and SPOE were willing to work together to achieve a good balance that made things work well for families. Cooperation between SPOE and DMH has been healthy.</p> <p>Shared exchange of information. (More formal process in development—i.e. setting specific dates for addressing issues of concern for both parties.)</p> <p><u>Challenges</u> - Getting all required paperwork from a few DMH service coordinators for the child's early intervention record.</p> <p>Doing data entry for DMH service coordinators requires clear and consistent paperwork. (The web-based system should eliminate this challenge.)</p>
<u>Training</u>			
Service Coordinators	Actively pursue outside resources to enhance and widen family service coordinators knowledge of developmental delay and other	Service coordinator trainings occur on a regular basis at monthly service coordinator meetings and are now being initiated by our new regional First Steps	Participated in training provided by FS consultants.

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	resources. i.e.-Down Syndrome Association, ABA seminars, and various other trainings available thru SSD related to early childhood and early interventions.	consultants.	
Quality Indicators	All staff attended initial training with Kate Numerick last fall.	Service coordinators that attended the Quality Indicator training in Jefferson City have helped to begin training the service coordinators in our region. All service coordinators have a copy of these indicators and have been instructed to begin using these as a guide when developing their IFSPs. Additional training from the state has not yet occurred.	The SPOE was active in the development of the exemplars for the Quality Indicators in IFSPs. SPOE is hosting training for First Steps stakeholders in the community.
Community In-services	See above	There have been provider information meetings for both service coordinators and independent providers. Several community organizations have provided in-services at the LICC meetings, which all service coordinators are encouraged to attend.	Meetings/communications have been held with numerous Parents As Teachers groups, Early Head Start, support groups for families with children with a disability, ECSE departments from the LEAs, LICCs, and members of local Senate Bill 40 agency.
<u>Use of data reports</u>			
Admin activities	To monitor services, compliance issues, and program costs.	Data reports have been helpful to get a general idea of what is happening financially, as well as in respect to timelines.	Receiving information that relates to First Steps paid services, organized by service coordinator, is helpful in targeting general information that gives the SPOE director an overview of service delivery.
Uses of info	Same as above	This information is used to target problem areas with specific service coordinators, as well as daily SPOE functions.	It also helps identify places in the database that need to be addressed. Information can be shared with DESE and with the CFO as issues are resolved, or questions answered. The report does assist in providing the director with information on the

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			SPOE/DMH balance of caseload.
Other needs	Still experiencing many problems with the SPOE software and the “super SPOE software” in terms of the integrity of the data.	Data reports are not always displaying accurate information.	
<u>Public Relations Activities</u>			
Groups Targeted	School Districts Community Resources Families	Families Providers	Legislators NICUs Early Head Start Parents As Teachers Senate Bill 40 Boards First Steps support groups for families
Family comments	Families consistently report that they are pleased with the recent changes from July 2004. Families report that the process is much smoother and that they have a better understand of what is happening within the program with regards to the philosophy and policies of the program. Families are truly embracing the recent changes since the rebid in July 2004. Families are finally starting to feel secure in being a part of this program.	Families have contacted the SPOE numerous times in support of First Steps and for information on how to contact the appropriate people to insure that the program continues.	Families appreciate that they have the SPOE administration to go to when they have questions or issues that need clarification or some kind of resolution.
Complaints	Since initiation as the SPOE, we have had minimal complaints from families. We have actively contacted all out of compliance children and have worked diligently to address and resolve their needs and or concerns	There have been two complaints from one of the local school districts regarding DMH service coordinators not scheduling transition meetings in a timely manner.	None.
<u>Start up issues</u>	Current SPOE software continues to be a daily challenge. Some of the data reports that DESE runs are inaccurate due to the lack of consistent and		Inherited Data/File Concerns - Electronic data clean-up is still a challenge. Most of the data has been sorted out, but records are still being exchanged between SPOEs. Hand

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	<p>reliable data that is shared between the SPOE and the super SPOE software.</p> <p>DESE Response: DESE is currently working with the CFO on reporting issues. Both DESE and the CFO recognize the limitations of the existing software. There are issues with “rebatching” files at the SPOE level. The web SPOE system will eliminate these problems.</p>		<p>copy records are also being exchanged.</p> <p>Compliance reporting continues as follow-up to previous monitoring is addressed. The method of responding to the monitoring report is dynamic.</p>
<u>Assistive Technology (AT)</u>	<p>Seen a decrease in the number of requests for AT, as well as better justification for requests. AT inventory system works efficiently and has saved the SPOE office several thousands of dollars just in the recent months. Providers and families have been very receptive to this process.</p>	<p>Challenges continue, but understanding of the First Steps philosophy regarding assistive technology seems to be catching on and other avenues besides First Steps monies are being accessed. Families are being made aware of the ownership component and more appropriate requests are being made.</p>	<p>Off site location secured for storage of assistive technology devices. Assembling inventory of devices to be brought to storage from their current location. Secured specialist to assist in determining need for equipment service prior to loan-out.</p>